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CONFIRMATION NO. 3868

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|---|---|----------------------------|---|--|-------------------------|
| <b>SERIAL NUMBER</b><br>10/523,279  | <b>FILING OR 371(c) DATE</b><br>02/03/2005<br><b>RULE</b>   | <b>CLASS</b><br>514        | <b>GROUP ART UNIT</b><br>4133   | <b>ATTORNEY DOCKET NO.</b><br>JANM-0725/JAB1709USPCT |                         |
| <b>APPLICANTS</b><br>Charles Richard Jones, Ferrette, FRANCE;<br>Brian Leaker, London, GBN, UNITED KINGDOM;<br>Michael Grant Wyllie, Herne Bay, GBN, UNITED KINGDOM;  |   |                            |   |  |                         |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/08696 08/05/2003   |   |                            |   |  |                         |
| <b>** FOREIGN APPLICATIONS *****</b><br>EUROPEAN PATENT OFFICE (EPO) 02255676.5 08/14/2002  |   |                            |   |  |                         |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance<br>Verified and Acknowledged |   | STATE OR COUNTRY<br>FRANCE | SHEETS DRAWING<br>0   | TOTAL CLAIMS<br>11                                   | INDEPENDENT CLAIMS<br>5 |
| <b>ADDRESS</b><br>45511   |   |                            |   |  |                         |
| <b>TITLE</b><br>Treatment of lower urinary tract symptoms associated with overactive bladder in men and women   |   |                            |   |  |                         |
| <b>FILING FEE RECEIVED</b><br>1300  | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: |                            | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                         |